

Fiscal Year 2007 Historic Preservation Fund Grants to Indian Tribes, Alaska Natives, and Native Hawaiian Organizations

APPLICATION FORM

Please read the guidelines carefully before completing. To receive this form in MSWord format, e-mail NPS_Tribal_Grants@nps.gov or download it from our web site - <http://www.cr.nps.gov/hps/hpg/tribal>. Applicants must submit one (1) original and three (3) copies to the National Park Service: **By mail** to National Park Service, Historic Preservation Grants Division (2256), 1849 C Street, NW, (2256), Washington, D.C. 20240. **By courier or overnight service** to National Park Service, Historic Preservation Grants Division, 1201 Eye Street, NW, 6th Floor, Washington, D.C. 20005.

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1. **Project Title** (10 words or less):

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2. **Name of Applicant:** Provide the legal name of the tribe or tribal department/organization, Alaska Native Corporation, or Native Hawaiian organization. If legal name and commonly used name are different, please provide both.

Name _____

Address _____

Telephone () - **FAX Number** () -

-
3. **Project Summary:** Briefly summarize your project in this space emphasizing the primary objectives and results. Your summary must fit in the space provided. Use at least a 10-point font.

4. **Tribal Benefit:** Briefly, what is the lasting impact on and benefit to the tribe if this project is funded? This should be explained in greater detail in the narrative of the proposal as well.

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5. **Total Amount Requested** (not to exceed \$40,000, except Category 2.B.) \$

Applications must be received by 5:00 PM EST, Friday, February 16, 2007

6. **Category** (You must check the number below for the category that your proposal best fits in. See the Application Guidelines for a description of each category. Select only one.)

___ 1.A. ___ 1.B. ___ 2.A. ___ 2.B.
___ 3. ___ 4. ___ 5.

1. **Locating and Identifying Cultural Resources**
 - A. Survey and inventory of Historic or Significant Places
 - B. Survey of Traditional Skills and Information
2. **Preserving Historic Structures Listed on the National Register of Historic Places**
 - A. Project Planning (Plans for Preserving a Specific Structure or Site)
 - B. Repairing a Specific Historic Structure or Site
3. **Comprehensive Preservation Planning**
4. **Oral History and Documenting Cultural Traditions**
5. **Education and Training for Building a Historic Preservation Program**

Is this a follow-up to a project previously funded by the HPF? Yes ___ No ___
If so, be sure and explain the relationship to the earlier project in this proposal.

8. **Signature:** The original application must be signed and dated by the duly authorized Tribal Representative. Signatures must be original in ink. Please type name and title in the lines provided.

Signature _____ Date _____

Name

Title

9. **Project Director:** Who will be responsible for overall supervision and management of the entire grant?

Name

Title

Address

Telephone () - FAX Number () -

E-Mail address

10. **Fiscal Management:** Who will be responsible for the fiscal management of the grant?

Name

Title

Address

Telephone () - FAX Number () -

E-Mail: _____

11. **U.S. Congressional District(s)** _____ **Name of U.S. Representative(s)** _____

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12. **Project Description and Budget:** Describe your project on the following pages.

A. Grant Objectives. What results are you trying to accomplish with the grant? List the main objectives of the project.

12. **Project Description and Budget:** (continued)

B. Project Activities and Timelines. How and when will you perform the supporting activities to achieve the Grant Objectives? This section should be used to fill in all tasks required to achieve the objectives described above. Be specific about which tasks will be paid for out of the grant and which are being donated by the tribe or other sources. All grant activities should be accomplished within 18-24 months of the grant award.

12. **Project Description and Budget:** (continued)

C. Personnel Qualifications. List project personnel, including consultants. If you have project personnel planned in mind for the project, briefly describe their experience and qualifications to successfully carry out the project. Describe their responsibilities and the amount of time each will dedicate to the project. If you plan to obtain consultant(s) outside your tribe or technical assistance from universities, professional organizations, or other institutions, describe the criteria that will be used to competitively select these services. Attach **brief** resumes and/or position descriptions for all key project personnel; **lengthy vitae or publication lists should not be submitted.**

12. **Project Description and Budget:** (continued)

D. Budget. This budget format is provided for your convenience. Each cost item should clearly show how the total charge for that item was determined. If more space is needed, please follow the budget format on a separate sheet of paper. All major costs should be listed in budget categories similar to those listed below, and all cost items should be explained in the narrative of the application and in the Budget Justification section below (section 12.F.). If you have any questions about cost categories, or how to formulate some of your budget items, please contact Bob Ruff at (202) 354-2068.

1. Personnel. Provide the names and titles of key project personnel.				
Name/Title of Position	Wage or Salary	NPS Grant Funds	Match / Cost Sharing (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.				
Rate	Salary or Wage Base	NPS Grant Funds	Match / Cost Sharing (if any)	Total
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
% of	\$	\$	\$	\$
Subtotal		\$	\$	\$

3. Consultant Fees. This should include payments for professional and technical consultants (including architects for Category 2.b. grants), and stipends for elders participating in the project.					
Name and type of Consultant	# of Days	Daily Rate of Compensation	NPS Grant Funds	Match / Cost Sharing (if any)	Total
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
		\$	\$	\$	\$
Subtotal			\$	\$	\$

4. Travel and Per Diem. For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip.

From/To	# of People	# of Travel Days	Subsistence Costs (Lodging and Per Diem)	Transportation Costs (Airfare and Mileage)	NPS Grant Funds	Match / Cost Sharing (if any)	Total
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
					\$	\$	\$
Subtotal					\$	\$	\$

5. Consumable Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$500 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in the Equipment category (Category 7, below).

Item	# of items	Cost	NPS Grant Funds	Match / Cost Sharing (if any)	Total
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Subtotal			\$	\$	\$

6. Building Repair Materials. List all construction materials, such as lumber, bricks, shingles, etc., for a Category 2.B. grant.

Item	Cost	NPS Grant Funds	Match / Cost Sharing (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

7. Equipment. List all equipment items in excess of \$500. Items worth less than \$500 or that have a useful life of less than 2 years must be listed in the Supplies and Materials category.

Item	Cost	NPS Grant Funds	Match / Cost Sharing (if any)	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Subtotal		\$	\$	\$

8. Other (specify).

Item	Cost	Federal Grant Funds	Match / Cost Share (if any)	Total
	\$	\$	\$	\$
Subtotal		\$	\$	\$

9. Indirect Costs. If indirect costs will be charged to the grant, complete the table below with your current approved indirect cost rate and the direct costs it will be applied to. A copy of your most recent indirect cost rate must be attached, if indirect costs will be requested. Only indirect costs up to 25% of the grant may be charged to the grant. *

* The Direct Costs from items 1 -- 6 to which the indirect cost rate applies	Current Approved Indirect Cost Rate Percentage (%)	Indirect Cost Rate Amount
\$	%	\$

- NOTE: Indirect costs may be applied only to eligible direct costs in accordance with your tribe's Federally approved rate. Most indirect cost rates exclude contracts or pass-through funds above a certain amount. Please check your rate and apply it accordingly. If you have any questions about your indirect costs, contact Bob Ruff at (202) 354-2068.

Budget Summary			
Category	NPS Grant Funds	Match / Cost Sharing (if any)	Total
1. Personnel	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel and Per Diem	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Building Repair Materials	\$	\$	\$
7. Equipment	\$	\$	\$
8. Other			
9. Indirect Costs	\$	\$	\$
TOTAL PROJECT COSTS (Not to Exceed \$40,000 Federal Share, except Category 2.B.) (Enter this figure in Item 5, on page 1 of this application)	\$	\$	\$

E. Budget Justification. Provide a brief justification of all cost items listed in the budget. Explain why these cost items are necessary to accomplish the grant objectives and results listed in item 12.A., above.

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